

Food Truck Permit Application 2015

City of Boston | Public Works Department

Submit completed form and required documents to Public Works. For more information on the application process, visit www.cityofboston.gov/foodtrucks.

BUSINESS INFORMATION				
Name of Truck:	Truck Size:			
DBA Name: (if different)	Federal ID #:			
Address:	Driver License #:			
Phone:	Truck Registration #:			
Fax:	License Plate #:			
Email:	GPS#			
Website:				
OWNER(S) INFORMATION				
Name		Phone	Cell Phone	
REQUIRED DOCUMENTS (Attach to this application.)				
Required of all Applicants:	Copy of Health Permit, issued by Inspectional Services Department (ISD)			
	Copy of Business Certificate (issued from town or city where business is based)			
	Copy of Hawkers/Peddlers License, issued by the State of Massachusetts			
	Copy of GPS contract with Trimble			
	Proof of service by commissary			
Required of Applicants Needing a Fire Permit:	Copy of Open Burning/Cooking Permit issued by Boston Fire Department (BFD)			
Required of Applicants Planning to Vend on Private Property:	Copy of lease(s) or letter(s) from landlord(s) - required for each private site			
	Copy of Use of Premise permit(s) - required for each private site			
	1 1	n including: photos of site and a detailed plan - required for each private site	d layout noting truck orientation and	

	SIGNA	ATURES			
Inspectional Services:					
	ISD Health Inspector Signature	Inspector Name (Print)	Date		
Boston Fire:	Signature of Fire Inspector is required for all applications to verify inspection, even if no permit was issued.				
	Fire Inspector Signature	Inspector Name (Print)	Date		
Applicant:	I hereby consent to the collection, disclosure, and use of all data collected by the GPS unit installed under the requirements of the City of Boston Food Truck Permit Application for the purpose of monitoring the locations of food trucks throughout the City and for the purpose of providing GPS information to third parties (e.g., software developers) to develop mobile applications to provide accurate location data to customers. Applicant Signature Applicant Name (Print) Date				
PROPOSED VENDING LOCATION & TIMES					
Location	n Property Typ	e Days	Shift/Hours		
	□Public □Priv	ate			
	□Public □Priv	ate			
	□Public □Priv	ate			
	□ Dublic □ Driv	ato			

SUBMISSION			
Fee:	\$500 *		
	Check or Money Order, payable to "City of Boston"		
	*Permit fee only. Additional fees apply for vending on public way, as well as those required by ISD, BFD, The Commonwealth of Massachusetts, and Trimble Navigation Limited.		
Submit this form and all	City of Boston Public Works		
required attachments	Boston City Hall, Room 714 Boston, MA 02201-2024		
in person to:	617-635-4911 (phone) 617-635-2403 (fax)		

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